



Pediatric Clinic  
PATIENT VISIT DOCUMENTATION  
**SPORTS PARTICIPATION EXAMINATION**  
**CAMP PARTICIPATION EXAMINATION**

Name of Patient: \_\_\_\_\_

I performed a complete physical examination on this patient on \_\_\_\_\_.

Medical Problems: \_\_\_\_\_

\_\_\_\_\_

☐ This child is not contagious for any infectious disease.

This child's allergies are: \_\_\_\_\_

\_\_\_\_\_

This child's medications are: \_\_\_\_\_

\_\_\_\_\_

☐ This child can participate in all age appropriate sports and activities, OR

☐ This child should have limited physical activity with the following instructions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ This child can eat a regular diet, OR

☐ This child has the following dietary restrictions: \_\_\_\_\_

\_\_\_\_\_

Thank you.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Pediatric Clinic  
Evans Army Community Hospital  
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